

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 368686

(2)

1. Corporation Name
ALOGA CORPORATION OF FLORIDA

Principal Place of Business

% MARCIA B. CABALLERO
2450 SW 137TH AVE. S-221
MIAMI FL 33175

Mailing Address

% MARCIA B. CABALLERO
2450 SW 137TH AVE. S-221
MIAMI FL 33175-6332

3. Date Incorporated or Qualified
08/20/1970

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-1315017

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CABALLERO, MARCIA B.
2450 S.W. 137 AVE
MIAMI, FL FL 33135

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME GALAN F. MANUEL V.
STREET ADDRESS 2450 SW 137 AVENUE
CITY- ST- ZIP MIAMI FL

DELETE

TITLE TD
NAME DE GALAN, ALICIA RIESGO
STREET ADDRESS 2450 SW 137 AVENUE
CITY- ST- ZIP MIAMI FL

DELETE

TITLE PD
NAME LOPEZ CASTANO, RAMON
STREET ADDRESS 2450 SW 137 AVENUE
CITY- ST- ZIP MIAMI FL

DELETE

TITLE VD
NAME CARBALLEIRA, RAMON
STREET ADDRESS 2450 SW 137 AVE
CITY- ST- ZIP MIAMI FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

Change Addition

3.1 TITLE PD
3.2 NAME CARBALLEIRA DE LOPEZ, MARIA ROSA
3.3 STREET ADDRESS 2450 SW 137 AVENUE
3.4 CITY- ST- ZIP MIAMI, FL

Change Addition

4.1 TITLE V
4.2 NAME LOPEZ CARBALLEIRA, RAMON
4.3 STREET ADDRESS 2450 SW 137 AVENUE
4.4 CITY- ST- ZIP MIAMI, FL

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Maria Rosa Carballeira de Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/97
Date

Daytime Phone #

CR2E034 (9/96)